CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

O The period covered is _

Candidate

the date of leaving office.

Election Year:

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

ASCELVED FAIR POLITICAL FACTICES COMMISSI

A Public Document

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Please type or print in ink.	AII	ibiic Bocumei	" ZUIUMAR	29 AM 10: 26
NAME (LAST)	(FIRST)	(MIDI		DAYTIME TELEPHONE NUMBER
Horton	Mark		·····	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
PO Box 997377, MS 0500	Sacramento	CA	95899-7377	
Office, Agency, or Court Name of Office, Agency, or Court: Californal Department of Public H		► Total num	Ile Summai ber of pages this cover pag	5
Division, Board, District, if applicable: Your Position: Director ➤ If filing for multiple positions, list a position(s): (Attach a separate s Agency: Californai Bay-Delta Auth Position: Board Member 2. Jurisdiction of Office (Ch. X State)	dditional agency(ies)/ heet if necessary.) ority	interests." I have disc attached so Schedule A Investments Schedule A Investments Schedule A Real Proper Schedule 6	closed interests chedules: A-1	schedule attached
County of		Income - G Schedule I Income - G	ilts E ⊠ Yes – ilts – Travel Payr -Ol	schedule attached nents
 ☐ Assuming Office/Initial ☐ Annual: The period covered is Jathrough December 31, 2009. ☐ OTHE period covered is/	:	statement. I of my knowle attached sch	all reasonable have reviewed dge the informal edules is true a traction that the foregonal tractions and the foregonal tractions.	the diligence in preparing this this statement and to the best tion contained herein and in any and complete. Gury under the laws of the State poing is true and correct.
-or-				

Sig

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

	ORNIA FORM 700 TICAL PRACTICES COMMISSION
Name	
	Mark B Hrotn

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Starbucks	Policy Studies
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Coffee Retailer	Consulting Company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
[5101,001 - \$1,000,000	Lander Control of the
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock
(Describe)	Partnership O Income of \$0 - \$500
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Southwest	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Airline	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,000 \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
The second of th	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
{F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
SE AFFLIONDEE, CIOT DATE,	
ACQUIRED DISPOSED	ACQUIRED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Berkshire Hathaway	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Diversified Company	
	FAIR MARKET VALUE
FAIR MARKET VALUE	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$\times\$ \$10,000 - \$100,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
(Describe)	Partnership O Income of \$0 - \$500
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FAIR POLITICAL PRA	FORM 700
Name	
Mark	B Hrotn

STREET ADDRESS OR PRECISE LOCATION	➤ STREET ADDRESS OR PRECISE LOCATION
CITY	CITY
1	Sacramento
\$2,000 - \$10,000	## MARKET VALUE 1F APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,00
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	11
Valuero not required to report loans from commerci	ial lending institutions made in the lender's regular course
of business on terms available to members of the t	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loar of business must be disclosed as follows:
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER*	of business must be disclosed as follows:
of business on terms available to members of the pand loans received not in a lender's regular course	of business must be disclosed as follows:
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER*	of business must be disclosed as follows:
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	name of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % \[\begin{array}{ccc} \text{None} \\ \text{None} \end{array}	of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Dublic without regard to your official status. To resolutions of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Dublic without regard to your official status. To resolution of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mark B Hrotn

•	Reminder -	you	must	mark	the	gift	or	income	box.
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Vou are not	required to	report	income	from	government	agencies.

► NAME OF SOURCE	► NAME OF SOURCE
Assoc of State & Territoral Health Officers (ASTHO)	Assoc for Prevention Teaching & Research
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2231 Crystal Drive	1001 Connecticut Ave
CITY AND STATE	CITY AND STATE
Arlington, VA 22202	Washing, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Prof representing State & Territorial Health Office	Non Prof Org that develops Curriculum for teaching
DATE(S): 3 / 11 / 09 3 / 13 / 09 AMT: \$ 52.82	DATE(S): 4 / 21 / 09 4 / 22 / 09 AMT: \$ 565.52
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) 🛛 Gift 🗌 Income
DESCRIPTION: Travel, Lodging & Meals to attend ASTHO Hill Day	travel, lodging & meals to present at the 4th Annual Healthy People State Coordinators Workshop
ANNE OF COURCE	▶ NAME OF SOURCE
NAME OF SOURCE ASTHO	ASTHO
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2231 Crystal Drive	2231 Crystal Drive
CITY AND STATE	CITY AND STATE
Atlanta, GA 30329	Atlanta, GA 30329
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Prof representing State & Territorial Health Office	Non Prof representing State & Territorial Health Office
DATE(S): 6 / 29 / 09 7 / 01 / 09 AMT: \$ 109.43	DATE(S): 8 / 19 / 09 8 / 21 / 09 AMT: \$ 107.16
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Travel, Lodging & Meals to attend the H1N1 Rapid Assessment Wrkgrp Meeting	DESCRIPTION: Travel, Lodging & Meals to attend the ASTHO Executive Committee Meeting
Comments:	

SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Mark B Hrotn	

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.

ASSOC of State & Territoral Health Officers (ASTHO) ADDRESS (Business Address Acceptable) 2231 Crystal Drive CITY AND STATE Arlington, VA 22202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office DATE(S): 12 / 7 / 09 12 / 7 / 09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one)	ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):
ADDRESS (Business Address Acceptable) 2231 Crystal Drive CITY AND STATE Arlington, VA 22202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office DATE(S): 12 / 7 / 09 12 / 7 / 09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one)	CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):/ AMT: \$ (If applicable) TYPE OF PAYMENT: (must check one)
2231 Crystal Drive CITY AND STATE Arlington, VA 22202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office DATE(S): 12 / 7 / 09 12 / 7 / 09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one)	CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):/ AMT: \$ (If applicable) TYPE OF PAYMENT: (must check one)
Arlington, VA 22202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office DATE(S): 12 7 09 12 7 09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one) Sight Income DESCRIPTION: Travel, Lodging & Meals to attend ASTHO Board of Director's Meeting NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE	BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):
Arlington, VA 22202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office DATE(S): 12 7 09 12 7 09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one) Sight Income DESCRIPTION: Travel, Lodging & Meals to attend ASTHO Board of Director's Meeting NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE	DATE(S):/ AMT: \$ (If applicable) TYPE OF PAYMENT: (must check one)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office DATE(S): 12,7,09 12,7,09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one)	DATE(S):/ AMT: \$ (If applicable) TYPE OF PAYMENT: (must check one)
Non Prof representing State & Territorial Health Office DATE(S): 12,7,09 12,7,09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one)	DATE(S):/ AMT: \$ (If applicable) TYPE OF PAYMENT: (must check one)
DATE(S): 12 / 7 / 09 12 / 7 / 09 AMT: \$ 94.74 (If applicable) TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Travel, Lodging & Meals to attend ASTHO Board of Director's Meeting NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE	
Board of Director's Meeting NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE	DESCRIPTION:
ADDRESS (Business Address Acceptable) CITY AND STATE	
ADDRESS (Business Address Acceptable) CITY AND STATE	F
CITY AND STATE	► NAME OF SOURCE
	ADDRESS (Business Address Acceptable)
HIGHEST ACTIVITY IS ANY OF SOUDCE	CITY AND STATE
SUSINESS ACTIVITY, IF AINT, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
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	,
Comments:	
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